EXHIBIT C

UNITED STATES BANKRUPTCY COURT DR	OOF OF CLAIM	Γ
DISTRICT OF NEVADA	OOI OI OLAIM	
Name of Debtor Case N	umber	
USA Commercial Mortgage Company 06-	0725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense ansing after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to	
Name of Creditor and Address	your claim Attach copy of statement giving particulars	
Gary B. Anderson & Barbara L. Anderson Trustees of the Anderson Family Trust dtd 7/21/92		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
PO Box 699 Carnelian Bay, CA 96104	Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number ()	court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here repla	a previously filed claim dated
3814 3217	if this claim amer	
	benefits as defined in 11 U S	C § 1114(a) Unremitted principal
Sonused D Taylor	salanes and compensation ((fill out below) Other claims against servicer (not for loan balances)
	compensation for services pe	erformed from to
	COURT JUDGMENT, DATE ((date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des		
See reverse side for important explanations	SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$ 500,000.00	Check this how if y	our claim is secured by collateral (including
Check this box if a) there is no collateral or lien secting your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is		our comments (wasterning
entitled to priority	Bnef description o	f collateral
UNSECURED PRIORITY CLAIM	X Real Estate	Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collatera	\$ Unknown
Amount entitled to priority \$	Amount of arrearage a secured claim if any	and other charges at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		
Wages salaries or commissions (up to \$10 000)* earned within 180 days		rard purchase lease or rental of property or or household use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	Taxes or penalties owed to g	overnmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		ragraph of 11 U S C § 507(a) ()
The second secon		istment on 4/1/07 and every 3 years thereafter inced on or after the date of adjustment.
	000.00 \$	\$ 500,000.00
AT TIME CASE FILED (unsecured)	(secured)	(priority) (Total)
Check this box if claim includes interest or other charges in addition to the princip	al amount of the claim Attach it	emized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, running accounts contracts court judgments mortgages security agreeme DOCUMENTS If the documents are not available explain. If the documents	such as promissory notes purits and evidence of perfection	rchase orders invoices itemized statements of in of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	f your claim enclose a stampo	ed self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by ma ACCEPTED) so that it is actually received on or before 5 00 pm, prevai for each person or entity (including individuals, partnerships, corporar governmental units)	ling Pacific time, on Novemi	ber 13, 2006 USE ONLY
BY MAIL TO BY HAN BMC Group BMC G	D OR OVERNIGHT DELIVERY T roup SACM Claims Docketing Cent	
P O Box 911 1330 E	ast Franklin Avenue indo CA 90245	
DATE SIGN and print the name and title if any of the credito this claim (attach copy of power of attorney if an		USA CMC
1-1207 aventille Er	en T. Nelson,	Attorney 1072502301

Case 06-10725-0NVZ L. D.O.C 8345	<u>-312050</u> 0	utered: 05/09/33/35:1	L9 5 23 Pa∉	ae.3 of 11
UNITED STATES BANKRUPTOY A URT DISTRICT OF NEVADA		OF OF CLAIM	ı aye ro	PTT
Name of Debtor	Case Nu	mber		
		r\E	CEIVED A	ND FILED
USA Commercial Mortgage Company	вк-5-0	6-10725LBR	,	Then been Soft
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A 'request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating:	006 NOV 13	-
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	TRICLA GAZ	TU COURT AY, C EPH
ALBERT DANIEL ANDRADE PO BOX 2122 OAKDALE CA 95361-5122	8	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DO NOT FILE TH	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the envelope sent to you by the		ready filed a proof of claim with the to BMC you do not need to file again
Creditor Telephone Number (209) 549-2455		court	THIS SPAC	DE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replace or amen	a previously	y fileo ciaim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
☐ Goods sold ☐ Personal injury/wrongful death ☐ Taxes ☐		salaries and compensation (f	ill out below)	Other claims against servicer (not for loan balances)
	Unpaid c	ompensation for services per	formed from	to
2 DATE DEBT WAS INCURRED	3 IF Co	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)			ur claım ıs secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo entitled to priority	ur claim is	a right of setoff) Brief description of	collatoral	
UNSECURED PRIORITY CLAIM		Real Estate	_	e 🔲 Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		nown
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage an secured claim if any	d other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa	rd purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		services for personal family of Taxes or penalties owed to gov		- ' ' ' '
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para		
		* Amounts are subject to adjus with respect to cases commend	tment on 4/1/07 ar ced on or after the	nd every 3 years thereafter date of adjustment
AL TIME CASE FILED	00,912			\$ 100,912 00
(unsecured) Check this box if claim includes interest or other charges in addition to the		ecured) amount of the claim Attach iten	(priority) nized statement o	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred	lited and d	educted for the purpose of m	aking this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments mortgages, security a DOCUMENTS If the documents are not available explain. If the documents are not available.	iareements	s, and evidence of perfection	oftien DO NO	oices itemized statements of T SEND ORIGINAL
DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				I envelope and copy of this
Attn USACM Claims Docketing Center P O Box 911	orporation BY HAND C BMC Grou Attn USA 1330 East	g Pacific time, on Novembe ns, joint ventures, trusts an OR OVERNIGHT DELIVERY TO IP CM Claims Docketing Center Franklin Avenue	r 13, 2006 d	THIS SPACE FOR COURT USE ONLY
DATE SIGN and print the name and title if any of the	credito or	o CA 90245 other person authorized to file		
this claim (attach copy of power of attorn	ey (fany)	vid R Griffith,	Esq	

FORM B10 (Omicial Form 10) (10/05)		
UNITED STATES BANKRUPICY COURT DISTRE	ic i Oi <u>Nevada</u>	PROOF OF CLAIM
Name of Diblor USA Commercial Mortgage Company Case Nu		
NOTE This form should not be used to make a claim for an administrative expense of the case. A request for payment of an administrative expense may be filed pur	se arising after the commencement issuant to 11 USC § 503	
dibior owis money or property) Larry Apibian "Leona Apibian, husband your classification of the control of the	box if you are aware that anyone is filed a proof of claim relating to claim. Attach copy of statement particulars box if you have never received any is from the bankruptcy court in this box if the address differs from the s on the envelope sent to you by urt	This Stact is for Court Use Only
Last four digits of account or other number by which creditor if this condentifies debtor Check	here replaces	claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 Wages salaries and compensat Last four digits of your SS # Unpaid compensation for service fromto (date)	ion (fill out below) ces performed
	If court judgment, date obtained	
Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or \$ (a)(1)(B)	Secured Claim	secured by collateral (including lefticle Other————————————————————————————————————
		178,150.36 priority) (Total)
Check this box if claim includes interest or other charges in addition to the interest or additional charges 6 Credits The amount of all payments on this claim has been credited and		
making this proof of claim 7 Supporting Documents Attach copies of supporting documents such as orders invoices itemized statements of running accounts, contracts court ju agreements and evidence of perfection of lien DO NOT SEND ORIGINA documents are not available, explain If the documents are voluminous attack. 8 Date Stamped Copy To receive an acknowledgment of the filing of your addressed envelope and copy of this proof of claim.	s promissory notes, purchase adgments mortgages security AL DOCUMENTS If the FILE) ch a summary claim enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY
Date Sign and print the name and title, if any of the creditor of file this claim (attach copy of power of attorney, if any) 19 Deo 7 Low Penalty for presenting fraudulent/claim. Fine of up to \$500 000 or imprisonme	a Coignan	USA CMC 1072501962

Case 06-10725-gwz Doc 8345	-3_E	ntered 05/09/11 15	:19:23 Pa	age 6 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		AIM IS SCHEDULED AS
Name of Debtor	Case Nu	ımber	Schedule/Claim il	D s31369
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classifica	ation
der demineration manage go company			\$115 218 87 Unse	ecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A 'request" for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address JOHN BAUER IRA 40808 N RIVER BEND RD ANTHEM AZ 85086 2946	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address on the envelope sent to you by the	scheduled by the E you agree with the other claim agains this proof of claim if the amounts sh Unliquidated or D fried If you have alre	cted above constitute your claim as Debtor or pursuant to a filed claim. If amounts set forth herein and have no tithe Debtor you do not need to file EXCEPT as stated below nown above are fisted as Contingent disputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (643 551-1516		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	a proviously	filed claim dated
5315		If this claim amer	nds	
☐ BASIS FOR CLAIM ☐ Goods sold ☐ Personal injury/wrongful death ☐ Services performed ☐ Taxes	Wages	benefits as defined in 11 U S salaries and compensation in r digits of your SS #		Unremitted principal Other claims against service (not for loan balances)
Money loaned		compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED 817104 - 8106-104-6/20	/.l3. IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Cifeck the appropriate box or boxes that				e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$400 000 + TINT Check this box if a) there is no collateral or fien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your entitled to priority	our claim r claim is	a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of Real Estate	_	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$				IKNOWN at time case filed included in
Specify the priority of the claim		secured claim if any	\$	ACTIVITY OCCUPATION WOOD OF THE
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits toware services for personal family of		
Wages salaries or commissions (up to \$10 000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		
business whichever is earlier 11 USC § 507(a)(4) Contributions to an employee benefit plan 11 USC § 507(a)(5)		Other Specify applicable para		
Commodition to an employee behind plant. The die of 350 (a)(o)		Amounts are subject to adjust with respect to cases commen		date of adjustment
S TOTAL AMOUNT OF CLAIM \$ 400,000 9+INT \$ 1				\$ 500,000 ° + INT.
(unsecured) Check this box if claim includes interest or other charges in addition to the	,	secured) amount of the claim Attach ite	(priority) emized statement o	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	<i>iments,</i> su agreement locuments	uch as promissory notes pur its and evidence of perfectio s are voluminous attach a su	chase orders inv n of lien DO No immary	voices itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim form must be sen				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, covernmental units)	, prevaili	ng Pacific time, on Novemi	ber 13, 2006	USE ONLY
BY MAIL TO BMC Group	BMC Gro			
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Cente st Franklin Avenue		ED MON D a 2000
El Segundo CA 90245 0911	El Segun	do CA 90245	FIL	ED NOV 0 9 2006
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorned by the claim).		other person authorized to file ${\cal J}$ ${\cal B}$ ${\cal A}$ ${\cal U}$ ${\cal E}$ ${\cal K}$		USA CMC 1072501243
The state of the s	100,1			-

Case 06-10725-gwz Doc 8345	5-3 E	ntered 05/09/11 15	:19:23 Pa	age 7 of 11	
UNITED STATES BANKRUPTCY COURT	PRO	OF OF CLAIM	1 188188 11181	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	
DISTRICT OF NEVADA				AIM IS SCHEDULED AS	
Name of Debtor	Case Nu	mber	Schedule/Claim (I		
			Amount/Classifica	ition	
USA Commercial Mortgage Company	06-107	'25-LBR	\$115 218 87 Unse	ecured	
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NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	pense	Check box if you are	}		
arising after the commencement of the case. A 'request" for payment		aware that anyone else has filed a proof of claim relating]		
Administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address		to your claim. Attach copy of statement giving particulars		cted above constitute your claim as Debtor or pursuant to a filed claim. If	
113212400	00662	Statement giving particulars		amounts set forth herein and have no the Debtor you do not need to file	
JOHN BAUER IRA		Check box if you have never received any notices		EXCEPT as stated below	
40808 N RIVER BEND RD ANTHEM AZ 85086 2946		from the bankruptcy court or BMC Group in this case		own above are listed as Contingent isputed, a proof of claim must be	
		l— ·	filed	rsputed, a proof of claim must be	
		Check box if this address differs from the address on the		eady filed a proof of claim with the	
Creditor Telephone Number (243 551-1516)		envelope sent to you by the court		or BMC you do not need to file again	
Last four digits of account or other number by which creditor identifies	debtor	FT roule		E 10 1 ON GOOM 1 GOL GIVE!	
5315		Check here repla	. a previously	filed claim dated	
1 BASIS FOR CLAIM	Between	L alliel		I llovo myttad same as at	
Goods sold Personal injury/wrongful death		penefits as defined in 11 U S		Unremitted principal	
Services performed Taxes	_	salaries and compensation of digits of your SS #	(fill out below)	Other claims against service (not for loan balances)	
Money loaned Other (describe briefly)		compensation for services pe	erformed from	to	
		, , , , , , , , , , , , , , , , , , ,		(date) (date)	
		OURT JUDGMENT, DATE (
4 CLASSIFICATION OF CLAIM Cifeck the appropriate box or boxes that See reverse side for important explanations	best describ	e your claim and state the amou	nt of the claim at the	e time case filed	
UNSECURED NONPRIORITY CLAIM \$ 400,000 00 +INT		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b) y	our claim		our claim is secu	red by collateral (including	
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ir claim is	a right of setoff) Brief description of	collateral		
UNSECURED PRIORITY CLAIM		Real Estate	_	Other	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral			
Amount entitled to priority \$				IKNOWN	
Specify the priority of the claim		secured claim if any	nd otner charges \$	at time case filed included in	
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits toward		or rental of property or	
Wages salanes or commissions (up to \$10 000), earned within 180 days		services for personal family of			
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)	⊑	Taxes or penalties owed to go			
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	ـــا	Other Specify applicable para			
		Amounts are subject to adjust with respect to cases commen		date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ 400,000 PINT \$	100,00	JUL + INT \$		\$ 500,000 00 + HVT.	
(unsecured)	(s	secured)	(priority)	(Total)	
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	emized statement of	of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cre					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doctors</u> running accounts contracts court judgments mortgages security	<i>uments,</i> su agreemen	ich as promissory notes pur	chase orders inv	oces itemized statements of	
DOCUMENTS If the documents are not available explain. If the				OF OTHER OFFICE	
8 DATE-STAMPED COPY To receive an acknowledgment of th	e filing of y	our claim enclose a stampe	ed self addresse	d envelope and copy of this	
proof of claim	A law manual	a- b- ad delivered /FAVEO	NOT	TUIS SPACE FOR COURT	
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm				THIS SPACE FOR COURT USE ONLY	
for each person or entity (including individuals, partnerships, governmental units)					
BY MAIL TO BY MAIL TO BMC Group BMC Group					
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Cente	1		
P O Box 911 El Segundo CA 90245 0911		t Franklin Avenue do CA 90245	FI	ED NOV 0 9 2006	
DATE SIGN and print the name and title if any of the	creditor or			USA CMC	
this claim (attach copy of power of attorn	ey if any)	1 T 2			
1401, CC, LCO6 / Same.	1017	NJ BAUER		1072501243	

		OF OF CLAIM		
Name of Debtor	Case Nu	mber	1	
USA Commercial Mortgage Company	06-1	0725		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	ense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
Dr. Gary L. Kantor, as Trustee for the Benefit of Kantor Nephrology Consultants, Ltd., 401(k) Prof. Sharing Plan c/o Michael M. Schmahl McGuireWoods LLP 77 W. Wacker Drive, Suite 4100 Chicago, IL 60601	of Fit	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTERE ONE OF THE DEB If you have alrea Bankruptcy Court o	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT ITORS ady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Creditor Telephone Number (31)2 849-8100	debtor			LIGITOR COURT USE UNLT
Last four digits of account or other number by which creditor identifies	uebiol	Check here replace or if this claim amen	a previously t	filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salanes and compensation (f	fill out below)	Other claims against servicer
Services performed Taxes	_	digits of your SS #	-	(not for loan balances)
Money loaned A Other (describe bnefly) See Exhibit A		compensation for services per	rformed from	to(date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descri	be your claim and state the amou	unt of the claim at th	ne time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ Unliquidated Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your claim or both security of the property securing it or if c) none or only part of your claim or both security of the property securing it or if c) none or only part of your claim or both security of the property securing it or if c) none or only part of your claim or both security of the property securing it or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security of the property securing it or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or both security or if c) none or only part of your claim or if c) none or only part of your claim or if c) none or only part of your claim or if c) none or only part of your claim or if c) none or only part of your claim or if c) none or only part of your claim or if c) none or only part of your claim or if c) none	your claim our claim is	a right of setoff)		ed by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	-	_
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	_	Other
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase leave	or rental of property or
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	, <u> </u>	services for personal family of Taxes or penalties owed to go	or household use 11	1 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)	Ē	Other Specify applicable para	agraph of 11 U S C	§ 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust		
5 TOTAL AMOUNT OF CLAIM \$ Unliquidated \$		with respect to cases commen	TOOK OF OF BILBE THE L	\$ Unliquidated
AT TIME CASE FILED (unsecured)		secured)	(priority)	(Total)
(unsecured) Check this box if claim includes interest or other charges in addition to the			**	, ,
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts contracts court judgments mortgages, security a DOCUMENTS If the documents are not available, explain if the company of claim 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	<u>uments.</u> su agreement documents	uch as promissory notes pure s and evidence of perfection are voluminous attach a sur	chase orders invo of lien DO NOT mmary	DICES ITEMIZED STATEMENTS OF FRONT SEND ORIGINAL
The original of this completed proof of claim form must be sen	it by mail o	or hand delivered (FAXES N	IOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	n, prevailin	ng Pacific time, on Novembe	er 13, 2006	USE ONLY LED JAN 1 3 2007
governmental units) BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	, '	FED OWN T 9 CANY
Attn USACM Claims Docketing Center	Attn USA	ACM Claims Docketing Cente	ır	•
P O Box 911 El Segundo CA 90245-0911	1330 Eas	t Franklin Avenue do CA 90245	1	USA CMC
DATE SIGN and print the name and title if any of the	he creditor o		1 to /man	1072502311
this claim (attach copy of power of attor 1/12/07 Dr. Gary Kantor, as Trustee Consultants, Ltd., 401(k) Pr	for the	Benefit of Kantor Maring Plan by Michael	Nephrology el M. Schmahl	Esq.

Case 06-10725-gwz Doc 8345-3 Entered 05/09/11 15:19:23 Page 9 of 11 PROOF OF CLAIM Case Number Name of Debtor USA Commercial MortoAGE Co 06-1075-LBR NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has arising after the commencement of the case. A "request" for payment of an filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 to your claim Attach copy of Name of Creditor and Address statement giving particulars 11321241000955 Check box if you have **BROOKS LIVING TRUST DATED 6/30/97** never received any notices C/O HOWARD D BROOKS & DOREEN C BROOKS TRUSTEES DO NOT FILE THIS PROOF OF CLAIM FOR A from the bankruptcy court or BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT 1894 US HIGHWAY 50 E STE 4 # 344 ONE OF THE DEBTORS **CARSON CITY NV 89701-3202** Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the COURT THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number (%) \$15 - 0.542 Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated _ or if this claim amends 1 BASIS FOR CLAIM Retiree benefits as defined in 11 USC § 1114(a) M Unremitted principal ☐ Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages salanes and compensation (fill out below) Services performed Taxes Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from _ to _ (date) (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Check this box if you have an unsecured claim, all or part of which is entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) business whichever is earlier - 11 U.S.C. § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) (____) Contributions to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 300,000 300,000 AT TIME CASE FILED (secured) (unsecured) (pnonty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group FILED NOV 0 6 2006 BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo, CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) 10-28-06

Case 06-10725-gwz Doc 8345-3 Entered 05/09/11 15:19:23 Page 10 of 11

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT DI	STRICT OF NEVADA	PROOF OF CLAIM		
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number BK-S 06-10725-LBR	RECEIVED		
NOTE: This form should not be used to make a claim for an administration of the case. A "request" for payment of an administrative expense may be	filed pursuant to 11 U.S.C. § 503.	1		
Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else has filed a proof of	3 41 (11 09)		
CARDWELL FAMILY TRUST C/O JAMES B. CARDWELL & REBA		(1) 查看文色相译符号等。并写《2016年 1000年 1900年 190		
Name and address where notices should be sent:	☐ Check box if you have never	ALKAN .		
c/o Michael J. Dawson, Esq.	received any notices from the bankruptcy court in this case.			
515 South Third Street Las Vegas, NV 89101	Check box if the address differs	Mag		
Telephone number: (702) 384-1777	from the address on the envelope sent to you by the court.	This space is for court use only		
Account or other number by which creditor identifies debtor: s31670	Check here replaces if this claim amends a previ	ously filed claim, dated:		
1. Basis for Claim		0.0.0.1114()		
Goods sold Services performed	Retiree benefits as defined in 11 U Wages, salaries, and compensation			
Money loaned	Last four digits of SS #: Unpaid compensation for ser	vices performed		
Personal injury/wrongful death Taxes	from to	· · · · · · · · · · · · · · · · · · ·		
Other	(date)	(date)		
2. Date debt was incurred: Various	3. If court judgement, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ \$2,329.94	\$3,224,465.88	3,226,795.82		
(unsecured If all or part of your claim is secured or entitled to priority, also	, , ,	(Total)		
Check this box if claim includes interest or other charges in add	ition to the principal amount of the claim. Attach	temized statement of all		
interest or additional charges. 5. Secured Claim.	7. Unsecured Priority Claim.			
	Check this box if you have an	unsecured priority claim		
Check this box if your claim is secured by collateral (including a right of setoff).	Amount entitled to priority \$			
Brief Description of Collateral:	Specify the priority of the clai	m: ons (up to \$4,925),* earned within 90		
☐ Real Estate ☐ Motor Vehicle	days before filing of the bank	ruptcy petition or cessation of the		
Other	· [is earlier - 11 U.S.C. § 507(a)(3). benefit plan - 11 U.S.C. § 507(a)(4).		
Value of Collateral: \$ Unknown		ward purchase, lease, or rental of		
Amount of arrearage and other charges at time case filed included in	property or services for person § 507(a)(6).	nal, family, or household use - 11 U.S.C.		
secured claim, if any: \$	Alimony, maintenance, or su	pport owed to a spouse, former spouse		
6. Unsecured Nonpriority Claim \$ \$2,329.94	or child - 11 U.S.C. § 507(a)			
Check this box if: a) there is no collateral or lien securing your	Other - Specify applicable po	overnmental units - 11 U.S.C. § 507(a)(8). ragraph of 11 U.S.C. § 507(a)().		
claim, or b) your claim exceeds the value of the property securing it, if c) none or only part of your claim is entitled to priority.	or	nt on 4/1/07 and every 3 years thereafter with		
	respect to cases commenc	ed on or after the date of adjustment.		
8. Credits: The amount of all payments on this claim has been credited this proof of claim.	and deducted for the purpose of making	This space is for court use only		
9. Supporting Documents: Attach copies of supporting documents				
orders, invoices, itemized statements of running accounts, contracts, court judgements, mortgages agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.				
To receive an acknowledgement of the filit addressed envelope and copy of this proof of claim.				
	if any, of the creditor or other person authorized t			
this claim (attach egpy of power 11-13-06	f attorney, if any): Michael J. Dawson, Attorney for Claimant	USA CMC		

F(0	RM	B10	(Official	Form	10)	(10/05)	
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United States Bankruptcy Court Reno	DISTRICT OF Nevada	ROOF OF CLAIM			
me of Debtor USA Capital Realty Adv., UC Case Number 06-10726-167		COOP OF CLAIM			
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may be a claim for an administrative expense of the case.					
Name of Creditor (The person or other entity to whom the debtor owes money or property) Arlene Cronk	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars				
Name and address where notices should be sent Go Michael Lehners, Esq. 429 Marsh Ave Reno, NY 89509	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the				
Telephone number 775 - 786 - 11.95	address on the envelope sent to you by the court This Sh	ACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor	Check here replaces of this claim amends a previously filed claim, d	lated			
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 U S.C Wages, salaries, and compensation (fill a Last four digits of your SS #	out below)			
2. Date debt was incurred 6-18-06	3 If court judgment, date obtained				
4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ 272 206. 4 Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* earned within adays before filing of the bankriptcy petition or cessation of the debtor's business, whichever is earlier - 11 USC § 507(a)(4) Contributions to an employee benefit plan - 11 USC § 507(a)(5)					
5 Total Amount of Claim at Time Case Filed	\$272,200,90 (unsecured) (secured) (prionty)	(Total)			
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of. This Space is FOR COURT LISE ONLY.					
making this proof of claim. 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary 8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped self-					
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Michael Lehners, Esq. Penalty for presenting froughtless claims from the SSO COO or implement for the last scale uses a second of the person authorized to file this claim (attach copy of power of attorney, if any) USA CAPITAL					

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